

## The politics of cancer

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The medical profession is socially and politically powerful. The Scientific community is entrenched, competitive and defensive. The drug companies wield a great deal of financial clout. Together they are a formidable social force.

A war has waged in America for several decades between this orthodox establishment on the one side, and proponents of alternative or complementary medicines on the other. This war is spilling over to Britain. The details of the war are far too long and complex to go into in this book. Anyone seeking a good account of its impact in Britain should read *Dirty Medicine* by Martin Walker (Slingshot Publications, BM Box 8314, London WC1N 3XX). which describes the work of a self-proclaimed 'quack-busting' organisation called The Campaign Against Health Fraud and the way it has attempted (very often successfully) to influence the practice of non-orthodox medicine in Britain.

The Campaign Against Health Fraud is just one manifestation of a desire to impose the orthodox version of medicine on the British people and to eliminate all the others. Even before the campaign reached the UK, there has been a concerted effort by the medical authorities to keep cancer treatments entirely within the orthodox fold. Indeed this has long been enshrined in British law. Anyone may treat anyone else for flu or even AIDS, but the non-medically qualified person who treats another person's cancer is breaking the law.

Whether or not the Campaign for Health Fraud is itself responsible, the war against alternative thought has intensified in recent years. The means used are the smear campaign and outright harassment. The bad publicity given to the Bristol Cancer Help Centre in 1990 – when it was alleged that life expectancy of patients at the centre was significantly lower than for those undergoing standard treatments – was an example of the way in which this organisation works. The accusation was later shown to be wrong, but it was given wide publicity by a press seemingly delighted to dish the dirt. Harassment of alternative practitioners or of anyone associated with unorthodox ideas has also occurred. Dr Stephen Davies, a leading British nutritional doctor, has had break-ins at his laboratory, the main target appearing to be his computer data-base – an item of interest to no ordinary thief. This is not an isolated incident. Vitamin manufacturers have been similarly harassed. Thirdly, there is the manipulation of the medical authorities. Over the last ten years a number of substances that were widely available and generally seen as safe have been taken off the market. One is niacin. This B vitamin remains legal in the States and most other countries of the world. It is good for the liver and a proven mood lifter. What is happening in Britain?

Whatever it is, the same thing is happening in Europe. The French, Spanish and Greek governments are pressing the European Union to make vitamin supplements greater than 1.5 times the RDA classified as medicines. This would require them to go through expensive drug licensing procedures. At one stroke this would wipe out the dietary supplements business. Only intense lobbying by consumer pressure groups like Consumers for Health Choice prevented this decision going through in 1992. But the pressure remains. In the US this war is also being waged but the pro-vitamin groups appear to have won in most states

The politics of medicine are as vicious as politics in any other arena of endeavor.

## 'Unproven therapies'

One of the key concepts in the dispute between orthodox medicine and alternative medicine is the concept of 'proof'. The idea is generally put forward that orthodox methods of treating cancer are 'proven' methods and that all other methods are 'unproven'. We have already seen that most orthodox methods are unproven by any standard. However, the term 'unproven therapies' is used by the American Cancer Society (ACS) to label methods of treatment which it has decided to oppose. It is used in much the same way that the word 'Communist' was used by Senator McCarthy in the 1950s. It is used as a slur.

'Unproven' of course means simply that no proof has been obtained. It does not mean that a therapy's effectiveness has been *disproved*. Yet many writers who put forward the establishment view appear to think it does. They also confuse the words 'evidence' and 'proof'. We may accept that there are very hard standards that have to be satisfied before *proof* is established – but on the way to proof we collect evidence. We collect this evidence through tests. These tests must follow accepted scientific procedures. It is common therefore to have scientific evidence without necessarily having scientific proof.

But of course the scientific requirements of disproof are – or should be – as stringent as the requirements of proof. Yet, despite this, of the therapies listed as 'unproven' by the American Cancer Society, almost half arrived there without any investigation at all being undertaken.

There is something curious and indeed unacceptable about the speed with which therapies are rejected. Why are they being rejected? What is the agenda of the people rejecting them? These are valid questions which need to be answered. Yet there appears to be very little desire among the hundreds of thousands of scientists working in the field of cancer research, or medical doctors working in the leading hospitals of North America and Europe to demand an answer or to challenge these rejections.

One former official of the American Cancer Society, Pat McGrady, Snr has written:

'[The American cancer establishment] has turned the terror of [cancer] to its own ends in seeking more and more contributions from a frightened public and appropriations from a concerned Congress. Still, undismayed by the futility of funds dumped into the bottomless pit of its 'proven' methods, it remains adamant in refusing to investigate 'unproven' methods...'

Every book written from a staunchly orthodox stance contains warnings to patients that they should not entertain any thoughts of going down the route of 'unproven' therapies.

'Keep in mind that accepted medical treatment for your cancer is the best *scientifically tested* treatment. ...The best way to determine whether a treatment is proven or unproven is to ask your family doctor. Doctors rely on scientific proof before they use a treatment. Unproven methods lack such proof.'

So says an American Cancer Society pamphlet. Other warnings suggest that 'unproven' methods can cause harm either directly or indirectly, by seducing patients from proper treatments. Dr Friedman is so concerned to dissuade the potentially errant patient that he produces the ultimate argument.

'... even if the 'treatments' are not in themselves harmful, a serious consequence of their use, and one that is insufficiently recognised by cancer patients and their families, is that *those who use them are wasting valuable time* (italics in the original)' (Friedberg, 1992)

They are wasting time that should be better used in continuing ‘accepted’ forms of cancer treatment but also, more importantly, time that should be spent getting used to dying.

Clearly Dr Friedberg assumes that unproven remedies are necessarily ineffective. This is, as we have seen, an unscientific position to take.

The problem is that by having a list of unproven therapies, and by using this list as a blacklist to stop further funding, we have a self-fulfilling prophecy. They are unproven because there is no institutional will to seek proof. There is, instead, an institutional will to prevent such proof being established. Disproof is assumed. That is one of the rules of the game. Another rule is that anyone who proposes or uses an unorthodox approach has to be slandered as a ‘quack’ and/or a ‘charlatan’.

Underlying this game of name calling is a profoundly false assumption. It is one thing to say that a doctor needs scientific proof that a drug is effective – a point that is itself debatable – It is quite another thing to demand this of patients. Patients don’t need proof – not when the price of proof is so high. Anecdotal evidence is quite sufficient for most aspects of life. If Mr Brown took substance X and was cured and Mrs Smith took substance X and was cured of the same thing, you can bet your bottom dollar I also will try substance X the next time the need arises. I wouldn’t think of waiting thirty or a hundred years for science to get its act together to prove that it worked. Patients perhaps need proof that ‘proof’ itself is a meaningful concept.

The search for proof is a search for absolute truth. Patients are not interested in proofs of this sort. They don’t need statistics – not in the way that doctors would like to have statistics. But when a doctor prescribes cough medicine he doesn’t base his prescription on any proof. History is littered with cases in which doctors have blindly followed a particular course of treatment – because it was the ‘accepted’ treatment – only to find in the end that it was seriously detrimental.

### **Are we missing opportunities?**

One of the first examples of a well conducted controlled test was conducted, in 1747, on 12 patients suffering from scurvy. Dr James Lind placed all of them on the same diet except for one item – the supposed remedies that he was testing: citrus fruits, cider, vinegar, sea water, a mixture of drugs. He gave each of these remedies to two patients. At the end of six days the two who had been given citrus fruits were well, while the others were still ill. Lind published these results in 1753.

This was not of course a double blind trial. Both Lind and the sailors knew exactly what they were receiving but as a trial it was rational, rigorously carried out and easily repeatable. It therefore has all the hallmarks of classical scientific testing. Yet, as we have just seen, such a test today would carry little weight with the elders of the accrediting committees that govern the practice of medical science. The result might be admitted as interesting but certainly not conclusive. It does not establish, once and for all, proof that lemons cure scurvy. Under current protocols, many more years of testing would be required to establish such proof. Scientists would need to know why lemons cured scurvy. The active ingredient would have to be isolated and then tested on cells in laboratories, in animal studies and then experimentally in human trials using double blind procedures.

This is where science and common sense start to follow different roads. All this time, the doctors would be warning patients not to take any form of unproven treatment – like lemons – for their scurvy. Yet, for the cancer patient, whose life-span has suddenly fore-shortened to the near-future, these warnings cannot make sense – and to pretend that they do is simply ridiculous.

We should note in passing that other sciences such as physics rely on other perfectly acceptable scientific procedures to develop their ideas. Double-blind clinical trials clearly are not the only valid scientific means of proceeding.

As it happened, Dr Lind's demonstration that the answer to scurvy lay in the lemon was not accepted despite its elegance. On the contrary, since fresh fruits – and fresh fruit juices – were expensive there were pressures on ship owners and the established authorities not to accept the results. However, eventually, in 1795 – over 40 years after Lind published his results – the British Admiralty ordered that a daily ration of fresh lime juice be given to all hands. As a result, scurvy disappeared from the Royal Navy. The merchant navy however was under the control of the Board of Trade. It wasn't until 1865 – 120 years after the original experiment – that the Board of Trade passed its own lime-juice regulations.

### **Putting it all together**

We can now appreciate what Linus Pauling meant when he suggested that there is a fundamental, organisational blindness that prevents science and medicine developing except along narrow, well-trodden, safe pathways through the confusing forests of reality.

'The National Cancer Institute is not operated in a way as to favor the discovery of new methods of controlling cancer...In my opinion the NCI does not know how to carry on research nor how to recognise a new idea.' (quoted in Moss, 1982)

This, then, is the scientific research that is eating most of the money donated to cancer research. This is the research that despite an expenditure of thousands of millions of pounds has not resulted in any fundamental advance in cancer treatment for the last 20 years.

'It is gradually dawning on the donors that for the past 20 years practical benefits have not followed (from medical research). During that time there have been no substantial improvements in morbidity or mortality from major disease that can be attributed to public funding of medical research.' (Dr David Horrobin 1982, quoted by Milton, 1994)

But one can also see the problem from the orthodox side. If surgery, radiation and chemotherapy are to be set aside, what can the doctor do to help the cancer patient? The answer appears to be nothing – especially if that doctor rejects all unorthodox approaches. How could the medical establishment possibly address the world and say: we have nothing in our techno-pharmaceutical armoury that is truly effective against cancer. The uproar would be deafening. The courts would overflow with lawsuits. We can see that such a situation is impossible. No establishment in its right mind would voluntarily bring such a response down on its own head. In brief, no matter how damaging and ineffective conventional treatments may be, the orthodox medical practitioner must persevere in directing patients down this path. He must do this, or change his speciality or leave the profession.

All of this is simple logic. From this it follows that the fact that a treatment is offered by a consultant in a leading cancer institute does not in any way indicate that it is necessarily effective. The patient must always ask for proof or evidence of effectiveness. Usually, as with chemotherapy trials, the result may or may not indicate increased survival – by a week or a month, by 2 percent or 4 percent. This is not worth fighting for if the previous six months are full of suffering.

If doctors are not going to change standard medical practice then patients must. Every single one of us has the right to choose the therapy we wish for ourselves, based on our own understanding of the

facts and awareness of our needs, fears, desires and even prejudices. But if patients are to reject one form of treatment they must have some idea of the options. And there *are* options: in fact there is a dizzying array of options. Many promise exciting results. For the patient with courage the picture is not bleak.